



# Personal Campaign Committee

## Statement of Dissolution

### Candidate Information

Name <b>Lisa Watts Baskin</b>		Telephone Number <b>(801)269-1676</b>	
Office <b>Senate</b>	District Number <b>23</b>	Party <b>Republican</b>	County of Election <b>State</b>
Street Address <b>819 East Springwood Drive</b>	Suite/Apartment/PO Box	City <b>Salt Lake City</b>	State      Zip <b>UT      84054</b>

I, **Lisa Watts Baskin**  
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

**admin**  
Signature of Candidate

**12/30/2009**  
Date

#### To File this Form

Mail or deliver to

Utah State Capitol, Suite 220  
Salt Lake City, UT 84114  
(801)538-1133

#### For More Information

Contact the Lieutenant Governor's Office  
(801)538-1041  
1-800-995-VOTE (8683)  
disclosure@utah.gov

#### For Office Use Only

Date Received